

The CBHSQ Report

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STATE AND SUBSTATE ESTIMATES OF NONMEDICAL USE OF PRESCRIPTION PAIN RELIEVERS

AUTHORS

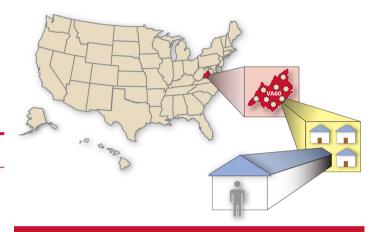
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Although the vast majority of people who take prescription pain relievers do not misuse them, pain reliever misuse is second only to marijuana use as the nation's most prevalent illicit drug problem.² As a result, the misuse of prescription pain relievers is a major public health concern, and with over 26 million people initiating nonmedical prescription pain reliever use since 2002, it is a continuing problem.³ Prescription pain reliever use can be safe. When used appropriately under medical supervision, pain relievers such as hydrocodone (e.g., Vicodin[®]), oxycodone (e.g., OxyContin[®]), and methadone can be medically beneficial by reducing pain and suffering. However, when taken without a physician's direction, there is a higher risk of serious adverse consequences such as substance use disorder, overdose, or death.^{4,5} Prescription pain reliever overdoses have resulted in nearly 15,000 deaths since 2008.6 Nonmedical use of prescription pain relievers costs health insurers up to \$75.5 billion annually in direct health care costs. 6 Data on geographic variation in the nonmedical use of prescription pain relievers may be relevant for developing targeted prevention and treatment programs. Policymakers can use state- and substate-level information to help inform their assessments of substance abuse prevention and treatment needs in their communities.

This issue of *The CBHSQ Report* presents estimates of past year nonmedical use of prescription pain relievers for people aged 12 or older based on combined 2012–2014 National Survey on Drug Use and Health (NSDUH) data. NSDUH is an annual survey of the U.S. civilian, noninstitutionalized population aged 12 years or older. One of NSDUH's strengths is the stability of its survey design, which allows for multiple years of data to be combined to examine the national, state, and substate (e.g., local) estimates of nonmedical use of prescription pain relievers and changes across time.⁷

In NSDUH, respondents are asked about their nonmedical use of prescription pain relievers during the past year. Prescription pain relievers cover many medications that are or have been available by prescription.⁸ In the 2012–2014 NSDUHs, nonmedical use of prescription pain relievers was defined as the use of these drugs without a prescription that occurred simply for the experience or feeling the drug caused.



In Brief

- Combined 2012–2014 National Survey on Drug Use and Health data can be used to advance the understanding of the prevalence of nonmedical use of prescription pain relievers in U.S. communities.
- Nationally, 4.31 percent of people aged 12 or older used prescription pain relievers nonmedically in the past year.
- Among states, estimates of nonmedical use of prescription pain relievers ranged from 3.41 percent in Minnesota to 5.31 percent in Oklahoma.
- Among the substate regions, estimates of nonmedical use of prescription pain relievers ranged from 2.95 percent in Florida's Southern region (Circuits 11 and 16) to 5.89 percent in Colorado's Region 1.
- Of the 16 substate regions with the lowest estimates of nonmedical use of prescription pain relievers, 5 were in the Northeast, 4 were in the Midwest, 4 were in the West, and 3 were in the South.
- Of the 16 substate regions with the highest estimates of nonmedical use of prescription pain relievers, 7 were in the South, 5 were in the West, and 4 were in the Midwest.
- Comparisons of combined 2010-2012 data and combined 2012-2014 data showed that estimates of nonmedical use of prescription pain relievers decreased at the national level, within 3 census regions and in 13 states.

NSDUH estimates of past year nonmedical use of prescription pain relievers does not include over-the-counter use or legitimate use of prescription pain relievers. ⁹

This report presents NSDUH estimates of past year nonmedical use of prescription pain relievers across four levels: (1) the nation, (2) census regions (i.e., South, Midwest, West, and Northeast), (3) states (i.e., 50 states and the District of Columbia), and (4) substate regions (i.e., 362 substate regions). This report also compares estimates of nonmedical use of prescription pain relievers in 2010–2012 and 2012–2014. All changes across time that are discussed in this report are significant at the .05 level. Findings in this report are annual averages based on combined 2012–2014 NSDUH data from approximately 204,000 respondents aged 12 or older. Estimates were derived from a complex statistical model (i.e., small area estimation) in which substate data from NSDUH were combined with other local area data to enhance statistical power and analytic capability.¹⁰

NATIONAL, REGIONAL, AND STATE ESTIMATES

In this section, estimates of past year nonmedical use of prescription pain relievers among people aged 12 or older are presented in Figure 1 and Table 1 for the nation, census regions, and the 50 states and the District of Columbia. In Table 1, state estimates are shown to two decimal places and are ordered from highest to lowest percentage of the population with past year nonmedical use of prescription pain relievers. To produce the map in Figure 1, the states that were presented in Table 1 from highest to lowest were then divided into quintiles (fifths). ¹¹ A state having a higher or lower estimate does not imply that the estimate is significantly higher or lower than the next highest or lowest estimate. When comparing two estimates, overlapping 95 percent confidence intervals do not imply that the estimates are statistically equivalent at the 5 percent level of significance. ¹²

National Estimate of Nonmedical Use of Prescription Pain Relievers

Based on combined 2012–2014 NSDUH data, an annual average of 11.3 million U.S. adults aged 12 or older reported having used prescription pain relievers nonmedically in the past year. This corresponds to a national estimate of 4.31 percent of people aged 12 or older using prescription pain relievers nonmedically. Among states, estimates of past year nonmedical use of prescription pain relievers ranged from 3.41 percent in Minnesota to 5.31 percent in Oklahoma (Figure 1; Table 1).

Regional Estimates of Nonmedical Use of Prescription Pain Relievers

Across the census regions, estimates of past year nonmedical use of prescription pain relievers were 4.78 percent in the West, 4.30 percent in the South, 4.21 percent in the Midwest, and 3.82 percent in the Northeast (Table 1).¹³

Some variability in state-level estimates of nonmedical use of prescription pain relievers was observed within census regions. In the West, estimates of past year nonmedical use of prescription pain relievers ranged from 5.20 percent in Nevada to 3.46 percent in Montana. In the South, estimates of past year nonmedical use of prescription pain relievers ranged from 5.31 percent in Oklahoma to 3.47 percent in Florida. In the Midwest, estimates of past year nonmedical use of prescription pain relievers ranged from 4.98 percent in Indiana and Ohio to 3.41 percent in Minnesota. In the Northeast, estimates of past year nonmedical use of prescription pain relievers ranged from 4.57 percent in Rhode Island to 3.49 percent in Massachusetts and Vermont.

State Estimates of Nonmedical Use of Prescription Pain Relievers

As described previously, the 50 states and the District of Columbia were divided into quintiles based on the percentage of the population who used prescription pain relievers nonmedically in the past year. The 10 states in the highest quintile of estimates of past year nonmedical use of prescription pain relievers included Oklahoma (5.31 percent), Alabama (5.24 percent), Arkansas (5.21 percent), Nevada (5.20 percent), Arizona (5.18 percent), Oregon (5.10 percent), Colorado (5.03 percent), Indiana (4.98 percent), Ohio (4.98 percent), and New Mexico (4.84 percent).

The 10 states in the lowest quintile of estimates of past year nonmedical use of prescription pain relievers included Illinois (3.59 percent), Maine (3.59 percent), Wyoming (3.58 percent), Connecticut (3.55 percent), South Dakota (3.50 percent), Massachusetts (3.49 percent), Vermont (3.49 percent), Florida (3.47 percent), Montana (3.46 percent), and Minnesota (3.41 percent).

Figure 1. Nonmedical use of prescription pain relievers in the past year among people aged 12 or older, by region and state: percentages, annual averages based on combined 2012 to 2014 NSDUHs

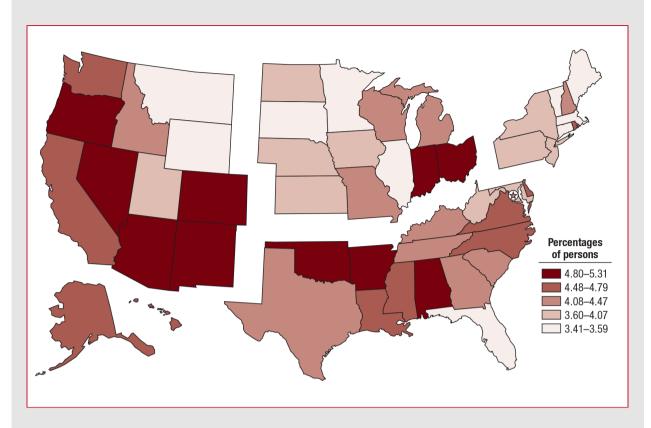


Table 1. Nonmedical use of prescription pain relievers in the past year among people aged 12 or older, by region and state: percentages, annual averages based on combined 2012 to 2014 NSDUHs

State	Census region	Percentage of adolescents	Quintile group
Oklahoma	South	5.31%	5
Alabama	South	5.24%	5
Arkansas	South	5.21%	5
Nevada	West	5.20%	5
Arizona	West	5.18%	5
Oregon	West	5.10%	5
Colorado	West	5.03%	5
Indiana	Midwest	4.98%	5
Ohio	Midwest	4.98%	5
New Mexico	West	4.84%	5
Louisiana	South	4.79%	4
Mississippi	South	4.76%	4
California	West	4.76%	4
Alaska	West	4.72%	4
Delaware	South	4.70%	4
Washington	West	4.68%	4
Hawaii	West	4.64%	4
Virginia	South	4.61%	4
North Carolina	South	4.57%	4
Rhode Island	Northeast	4.57%	4
Georgia	South	4.47%	3
Wisconsin	Midwest	4.38%	3
Michigan	Midwest	4.36%	3
South Carolina	South	4.35%	3
New Hampshire	Northeast	4.32%	3
Kentucky	South	4.31%	3
Idaho	West	4.29%	3
Missouri	Midwest	4.21%	3
Texas	South	4.19%	3
Tennessee	South	4.18%	3
District of Columbia	South	4.13%	3
Maryland	South	4.07%	2
Utah	West	4.06%	2
Kansas	Midwest	4.03%	2
New Jersey	Northeast	3.92%	2
West Virginia	South	3.89%	2
Pennsylvania	Northeast	3.87%	2
New York	Northeast	3.87%	2
lowa	Midwest	3.76%	2
North Dakota	Midwest	3.69%	2
Nebraska	Midwest	3.61%	2
Illinois	Midwest	3.59%	1
Maine	Northeast	3.59%	1
Wyoming	West	3.58%	1
Connecticut	Northeast	3.55%	1
South Dakota	Midwest	3.50%	1
Massachusetts	Northeast	3.49%	1
Vermont	Northeast	3.49%	1
Florida	South	3.47%	1
Montana	West	3.46%	1
Minnesota	Midwest	3.41%	1

NATIONAL, REGIONAL, AND STATE ESTIMATES - CONTINUED

Changes over Time

This report also compares the combined 2012–2014 state estimates of past year nonmedical use of prescription pain relievers with 2010–2012 estimates of nonmedical use of prescription pain relievers to examine changes over time. The 2010–2012 data are based on information obtained from 206,200 people aged 12 or older. The inclusion of a common year (i.e., 2012) in these comparisons increases the precision of the estimates and the ability to detect statistically significant differences between the two periods. Statistically significant differences between 2010–2012 and 2012–2014 indicate average annual change between 2010–2011 and 2013–2014. It is not possible to examine changes over time at the substate level because of changes to substate boundaries by the states between 2010–2012 and 2012–2014.

Comparisons of 2010–2012 national estimates with 2012–2014 national estimates indicate that the nation as a whole experienced a statistically significant decrease in past year nonmedical use of prescription pain relievers (4.63 to 4.31 percent) (Table 2). Similarly, when 2010–2012 region-level estimates of past year nonmedical use of prescription pain relievers for people aged 12 or older were compared with 2012–2014 estimates, three census regions experienced statistically significant decreases (4.19 to 3.82 percent in the Northeast, 4.65 to 4.21 percent in the Midwest, and 5.24 to 4.78 percent in the West) (Table 2). The South experienced no change in the estimate of past year nonmedical use of prescription pain relievers.

When the 2010–2012 state estimates were compared with the 2012–2014 state estimates, 13 states (Florida, Idaho, Maine, Michigan, Minnesota, Missouri, Montana, Oregon, Tennessee, Vermont, Washington, West Virginia, and Wyoming) experienced a statistically significant decrease in their estimates of past year nonmedical use of prescription pain relievers. The remaining 37 states and the District of Columbia experienced no change in the percentage of past year nonmedical use of prescription pain relievers (Table 2).

Table 2. Nonmedical use of prescription pain relievers in the past year among people aged 12 or older, by region and state: percentages, annual averages based on combined 2010 to 2012 and combined 2012 to 2014 NSDUHs

Clata	Annual a	verages: 2010–2012	Annual a	verages: 2012-2014
State	Percent	95% Confidence interval	Percent	95% Confidence interval
National*	4.63	(4.49–4.78)	4.31	(4.17–4.45)
Northeast*	4.19	(3.92-4.48)	3.82	(3.57-4.10)
Midwest*	4.65	(4.43–4.88)	4.21	(4.00–4.43)
South	4.45	(4.23–4.67)	4.30	(4.09–4.51)
West*	5.24	(4.92–5.59)	4.78	(4.48–5.10)
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Alabama Alaska	4.92 5.21	(4.13–5.84) (4.40–6.16)	5.24 4.72	(4.40–6.24) (3.95–5.64)
Arizona	5.70	(4.77–6.80)	5.18	(4.29–6.24)
Arkansas	5.74	(4.85–6.78)	5.21	(4.37–6.20)
California	5.03	(4.55–5.56)	4.76	(4.30–5.26)
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Colorado	5.55	(4.70–6.56)	5.03	(4.18–6.05)
Connecticut	4.13	(3.39–5.02)	3.55	(2.90–4.35)
Delaware	5.28	(4.45–6.26)	4.70	(3.92–5.63)
District of Columbia	4.50	(3.73–5.41)	4.13	(3.41–4.99)
Florida*	3.95	(3.50–4.45)	3.47	(3.07–3.92)
Georgia	3.99	(3.31-4.80)	4.47	(3.74-5.34)
Hawaii	4.32	(3.53–5.26)	4.64	(3.81–5.65)
Idaho*	5.70	(4.83–6.73)	4.29	(3.60–5.10)
Illinois	3.90	(3.49–4.35)	3.59	(3.19–4.03)
Indiana	5.69	(4.85–6.66	4.98	(4.20–5.90)
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lowa	3.68	(3.05–4.44)	3.76	(3.10–4.55)
Kansas	4.13	(3.43–4.96)	4.03	(3.33–4.88)
Kentucky	4.44	(3.72–5.31)	4.31	(3.58–5.19)
Louisiana	5.03	(4.30–5.87)	4.79	(4.03–5.68)
Maine*	4.22	(3.52–5.05)	3.59	(2.94–4.36)
Maryland	3.79	(3.11-4.61)	4.07	(3.33-4.97)
Massachusetts	4.05	(3.38–4.85)	3.49	(2.86–4.27)
Michigan*	5.14	(4.67–5.65)	4.36	(3.91–4.85)
Minnesota*	4.12	(3.43–4.94)	3.41	(2.78–4.17)
Mississippi	4.78	(4.05–5.63)	4.76	(3.99–5.66)
Missouri*	4.92	(4.19–5.76)	4.21	(3.50–5.05)
Montana*	4.60	(3.87–5.46)	3.46	, ,
Nebraska	3.86	· · · · · · · · · · · · · · · · · · ·		(2.81–4.25)
Nevada	5.92	(3.18–4.69)	3.61	(2.97–4.38)
New Hampshire	5.92 4.41	(4.87–7.17) (3.72–5.23)	5.20 4.32	(4.26–6.33) (3.62–5.14)
New nampsime	4.41	· · · ·	4.32	(3.62–3.14)
New Jersey	4.37	(3.63-5.25)	3.92	(3.23-4.75)
New Mexico	5.60	(4.70-6.66)	4.84	(3.98-5.87)
New York	4.17	(3.72-4.68)	3.87	(3.41-4.38)
North Carolina	4.30	(3.60-5.13)	4.57	(3.81-5.48)
North Dakota	3.60	(2.97–4.37)	3.69	(3.05-4.48)
Ohio	5.22	(4.74–5.73)	4.98	(4.46–5.55)
Oklahoma	5.15	(4.37–6.07)	5.31	(4.43–6.35)
Oregon*	6.14	(5.21–7.23)	5.10	(4.26–6.10)
Pennsylvania	4.05	(3.63–4.53)	3.87	(3.46–4.33)
Rhode Island	5.00	(4.17–5.98)	4.57	(3.78–5.52)
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South Carolina	4.91	(4.13–5.83)	4.35	(3.63–5.19)
South Dakota	3.48	(2.87–4.23)	3.50	(2.88–4.24)
Tennessee*	4.93	(4.16–5.84)	4.18	(3.50–4.99)
Texas	4.45	(4.01–4.93)	4.19	(3.77–4.64)
Utah	4.11	(3.42–4.92)	4.06	(3.39–4.85)
Vermont*	4.73	(4.00–5.58)	3.49	(2.87-4.23)
Virginia	4.58	(3.85–5.44)	4.61	(3.88–5.48)
Washington*	5.55	(4.70–6.54)	4.68	(3.93–5.57)
West Virginia*	4.56	(3.87–5.37)	3.89	(3.24–4.67)
Wisconsin	4.74	(3.94–5.68)	4.38	(3.63–5.27)
Wyoming*	4.36	(3.66–5.18)	3.58	(2.93–4.36)

SUBSTATE REGION ESTIMATES OF NONMEDICAL USE OF PRESCRIPTION PAIN RELIEVERS

SAMHSA works with state substance abuse/mental health agency representatives to define substate areas that meet state needs and reporting requirements while ensuring that the NSDUH sample sizes are large enough to provide estimates with adequate precision. ¹⁴ Combined 2012–2014 NSDUH data can be used to estimate past year nonmedical use of prescription pain relievers in 362 substate regions. The 2012–2014 estimates in this report are based on substate boundaries that reflect current state needs and reporting requirements and may not be comparable with estimates from substate regions from prior years. For substate region definitions, see the "2012–2014 National Survey on Drug Use and Health Substate Region Definitions" at http://samhsa.gov/data/. In most states, the substate regions are defined in terms of single counties or groups of counties; in some states, the regions are defined entirely in terms of census tracts (in Connecticut, the District of Columbia, and Massachusetts), parishes (in Louisiana), boroughs/census areas (in Alaska), a combination of counties and census tracts (in California and Delaware), and a combination of counties and independent cities (in Maryland, Missouri, Nevada, and Virginia).

Substate region estimates of past year nonmedical use of prescription pain relievers among people aged 12 or older are displayed on a U.S. map (Figure 2). In Table S1, substate region estimates are shown to two decimal places and are listed alphabetically by state. To produce the substate map in Figure 2, the substate estimates of past year nonmedical use of prescription pain relievers were ordered from highest to lowest percentage and were then divided into three approximately equal groups based on their percentage. There are 121 substate regions in the lowest third (i.e., with the lowest percentages) and there are 121 substate regions in the highest third (i.e. with the highest percentages). There are 120 substate regions in the middle third. The highest and lowest thirds were subdivided into thirds to further distinguish among the substate regions. Overall, the seven groups in each map were constructed to represent a somewhat symmetrical distribution. ¹⁵ In some cases, a category could have more or fewer substate regions because two (or more) substate regions have the same estimate (to two decimal places). When such ties occurred at the "boundary" between two groups, all substate regions with the same estimate were assigned to the lower group. Individual state maps at http://samhsa.gov/data/ provide more granularity in areas too small to display clearly on the U.S. maps. Table 2 provides estimates associated with each map. Ninety-five percent confidence intervals are included as a measure of precision for each estimate. ¹⁶

Among the substate regions, estimates of past year nonmedical use of prescription pain relievers ranged from 5.89 percent in Region 1 in the northeastern part of Colorado to 2.95 percent in Florida's Southern region (Circuits 11 and 16) consisting of Miami-Dade and Monroe Counties. Of the 16 substate regions with the lowest estimates of past year nonmedical use of prescription pain relievers, 5 were in the Northeast (2 in Massachusetts, 1 in Connecticut, 1 in Maine, and 1 in Vermont), 4 were in the Midwest (2 in South Dakota, 1 in Minnesota, and 1 in North Dakota), 4 were in the West (2 in Montana and 2 in Wyoming), and 3 were in the South (all in Florida).

Of the 16 substate regions with the highest estimates of past year nonmedical use of prescription pain relievers, 7 were in the South (3 in Oklahoma, 2 in Arkansas, 1 in Alabama, and 1 in Louisiana), 5 were in the West (1 in Arizona, 1 in California, 1 in Colorado, 1 in Oregon, and 1 in Nevada), and 4 were in the Midwest (3 in Ohio and 1 in Indiana).

among people aged 12 or older, by substate region; percentages, annual averages based on combined 2012 to 2014 NSDUHs ages of persons 5.28-5.89 5.00-5.27 4.60-4.99 4.02-4.59 3.51-4.01 3.34-3.50

Figure 2. Nonmedical use of prescription pain relievers in the past year

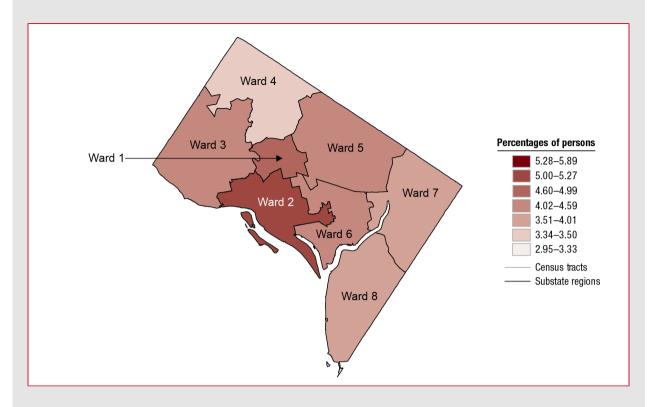
The previous sections examined 2012-2014 NSDUH state and substate past year estimates of nonmedical use of prescription pain relievers individually. Some substate areas are too small to display clearly on the U.S. national maps (Figure 2); therefore, individual state maps are particularly useful for seeing these small substate areas. SAMHSA produces individual NSDUH state maps that display the substate estimates of past year nonmedical use of prescription pain relievers. In this section, one of the individual state maps is presented to illustrate the variability within states. For more state-specific NSDUH maps, see

http://www.samshsa.gov/data/sites/default/files/NSDUHsubstateStateTabs2014/NSDUHsubstateSpecificStatesTOC2014.htm.

As previously noted, the assignments of the substate areas within states were created by dividing 362 substate regions, nationally, into 7 groups based on their percentages of past year nonmedical use of prescription pain relievers. Figure 2 shows that states that are in the highest and lowest quintiles tend to have more uniform substate estimates. That is, states with the highest percentages of past year nonmedical use of prescription pain relievers tend to have substate areas with high percentages of past year nonmedical use of prescription pain relievers. For example, 6 of the 10 states in the highest quintile of estimates of past year nonmedical use of prescription pain relievers had substate estimates that were in the highest third. Likewise, 7 of the 10 states in the lowest quintile of estimates of past year nonmedical use of prescription pain relievers had substate-level estimates that were in the lowest third. When all of the substate areas are in the same third, this is a probable indicator of low variability within those states. Estimates were not tested to determine whether they represent significantly higher or lower estimates.

Across the states and the District of Columbia, the most variability in substate estimates occurred within states in the middle quintile. Stated another way, the states in the middle third in Figure 1 had the most variation at the substate level in Figure 2. Of the 11 states in the middle quintile, 4 states had substate-level estimates of past year nonmedical use of prescription pain relievers that were in the highest, middle and lowest third, which may indicate some variability. An example of this variability can be seen in the District of Columbia (Figure 3).

Figure 3. Nonmedical use of prescription pain relievers in the past year among people aged 12 or older in the District of Columbia: percentages, annual averages based on combined 2012 to 2014 NSDUHs



In the District of Columbia, past year nonmedical use of prescription pain relievers for people aged 12 or older ranged from 5.06 percent in Ward 2 to 3.45 percent in Ward 4. In the District of Columbia, 2 substate regions were in the highest third (Wards 2 and 1), indicating high estimates of past year nonmedical use of prescription pain relievers. Three substate regions were in the lowest third (Wards 8, 7, and 4), indicating low estimates of past year nonmedical use of prescription pain relievers. The remaining 3 regions (Wards 6, 5, and 3) fell in the middle third.

DISCUSSION

Nonmedical use of prescription pain relievers is a health concern for the residents of every state and the District of Columbia. Data in this report highlight nonmedical use of prescription pain relievers at the national, census region, state, and substate levels. These findings suggest that some progress has been made in reducing nonmedical use of prescription pain relievers, although this progress has not been uniform across all states. Highlighting the prevalence of nonmedical use of prescription pain relievers in each state and substate level, as well as monitoring changes, will help state and federal policymakers refine and focus substance abuse prevention and treatment strategies designed to reduce the burden of nonmedical use of prescription pain relievers on the nation's health and health care system. Maps and tables presented in this report can help state policymakers quickly see where efforts are needed to address substance abuse in their state. For example, substate regions within small areas can vary in the estimates of nonmedical use of prescription pain relievers (e.g., District of Columbia). As data from several years of NSDUHs are accumulated, in-depth analysis of these state and substate data will continue to provide insight into the patterns of nonmedical use of prescription pain relievers, such as variations over time and by age and gender within each state.

SAMHSA provides information for communities and local governments that may help prevent overdoses and deaths related to nonmedical use of prescription pain relievers:

- http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2014/SMA14-4742
- http://www.samhsa.gov/prescription-drug-misuse-abuse

SAMHSA provides information about where to find substance abuse treatment at https://findtreatment.samhsa.gov.

Other NSDUH Substate Measures

The combined 2012–2014 NSDUH estimates for past year nonmedical use of prescription pain relievers for people aged 12 or older are available, along with 24 additional behavioral health measures for 384 substate areas, 50 states and the District of Columbia, 4 census regions, and the United States. Information on the methodology that generated these estimates is available online at http://samhsa.gov/data/. This report discusses one of the measures for the 362 substate areas displayed on the maps. The 25 additional measures include substance use and mental health issues, including use of illicit drugs (e.g., marijuana use, cocaine use), alcohol, and tobacco; substance use disorders; needing but not receiving treatment for a substance use problem; any mental illness; serious mental illness; depression; and suicidal thoughts. Also provided are national maps for all measures and detailed tables including percentages for each substate region, state, census region, and the nation for people aged 12 or older; tables by age group; and state-specific tables and maps. The state maps are particularly useful in areas too small to display clearly on the U.S. maps.

ENDNOTES

- 1. Although new information on prescription drug use and misuse was added to NSDUH in 2015, this report relies on earlier data because the estimation of state and substate percentages requires the pooling of multiple years of data. For more information on the 2015 NSDUH estimates, please see Hughes, A., Williams, M. R., Lipari, R. N., Bose, J., Copello, E. A. P., & Kroutil, L. A. (2016, September). *Prescription drug use and misuse in the United States: Results from the 2015 National Survey on Drug Use and Health*. NSDUH Data Review. Retrieved from http://samhsa.gov/data/
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- 7. Although NSDUH is generally stable, advances in survey methodology and the substance use prevention field necessitate periodic redesigns. For NSDUH, these redesigns have occurred in 2002 and 2015. To address advances in the field, the prescription drug questions were revised in 2015. Before 2015, NSDUH used the term "nonmedical use" of prescription drugs, which was defined as use of prescription drugs that were not prescribed for an individual or were taken only for the experience or feeling that the drugs caused. However, challenges and issues were associated with the measurement of this concept. One concern, for example, was that the phrase "for the experience or feeling it caused" may erroneously capture reports of legitimate use based on the intended effects of the drug, such as pain relief. A further concern was whether the term "nonmedical use" appropriately describes use of prescription drugs that individuals took to treat a condition for which the medications are

typically prescribed (e.g., nonprescription use of opioid pain relievers to relieve physical pain) but were prescribed for someone else. In addition, the definition did not specifically include the criterion of overuse of prescribed medication, which is particularly important for prescription pain relievers. To address these shortcomings, the 2015 prescription drug questions were revised to ask survey respondents about the use of prescription drugs "in any way that a doctor did not direct you to use them," including (1) use without a prescription of the respondent's own; (2) use in greater amounts, more often, or longer than the respondent was told to take them; or (3) use in any other way a doctor did not direct the respondent to use them. Along with changes to the definition of misuse, NSDUH reports and tables no longer use the term "nonmedical use" and instead use the term "misuse." Additional details on changes to the prescription drug questions and the implications for analysis are provided at http://samhsa.gov/data/.

- 8. Respondents were shown a "pill card" displaying the names and wphotographs of specific pain relievers and asked to indicate which, if any, they had ever used without a doctor's prescription or simply for the feeling of experience the drug caused. The "pill card" can be found at http://www.samhsa.gov/data/sites/default/files/NSDUH2012MRB/NSDUH2012MRB/2k12PillCards.pdf. Note that although the majority of drugs listed on the pain relievers card are opioids, some of them are not considered as such (e.g., Fioricet®, Fiorinal®). Moreover, respondents were asked about their nonmedical use of any other pain relievers not included in this list and were asked to specify the names of the drugs that they had ever used nonmedically.
- 9. In NSDUH, because "any pain relievers" can include drugs other than opioid-based ones, the percentage for nonmedical use of any other pain reliever dependence/abuse could possibly be inflated if the respondent indicated use for non-opioid-based drug(s) only.
- 10. Estimates presented in this report are derived from a hierarchical Bayes model-based small area estimation (SAE) procedure in which NSDUH data at the substate level are combined with local area county and census block group/tract-level data from the area to provide more precise estimates of substance use and mental health outcomes. The precision of the SAE estimates can be improved significantly by combining data across 3 years (i.e., 2012 to 2014). With 3 years of combined NSDUH data, the sample sizes in the 362 substate regions ranged from 100 people to approximately 3,500 people.
- 11. In some cases, a "quintile" could have more or fewer states than desired because two (or more) states have the same estimate (to two decimal places). When such ties occurred at the "boundary" between two quintiles, all states with the same estimate were assigned to the lower quintile.
- 12. In this report, state estimates are discussed in terms of their observed rankings because they provide useful context. However, a state having a highest or lowest rate does not imply that the state's rate is significantly higher or lower than the rate of the next highest or lowest state. Similarly, the quintiles were not selected to represent statistical differences across quintiles or to correspond to proximity to a target public health threshold for a particular measure. For example, the division of states into guintiles does not indicate that states in the same quintile are statistically similar to each other. While a nearly equal number of states are contained in each quintile, the size of the intervals (i.e., the difference between the upper and lower limits of each quintile) that define the map boundaries is not necessarily uniform across each guintile. When comparing two state prevalence rates, the method of overlapping confidence intervals is more conservative (i.e., it rejects the null hypothesis of no difference less often) than the standard method based on Z statistics when the null hypothesis is true. Even if confidence intervals for two states overlap, the two estimates may be declared significantly different by the test based on Z statistics. Hence, the method of overlapping confidence intervals is not recommended to test the difference of two state estimates. A detailed description of the method of overlapping confidence intervals and its comparison with the standard methods for testing of a hypothesis is given in the following articles: (a) Schenker, N., & Gentleman, J. F. (2001). On judging the significance of differences by examining the overlap between confidence intervals. American Statistician, 55(3), 182-186. (b) Payton, M. E., Greenstone, M. H., & Schenker, N. (2003). Overlapping confidence intervals or standard error intervals: What do they mean in terms of statistical significance? Journal of Insect Science, 3, 34. For details on a more accurate test to compare state prevalence estimates, please see Section B.12 in Appendix B of 2011-2012 National Survey on Drug Use and Health: Guide to state tables and summary of small area estimation methodology, located at http://www.samhsa.gov/data/NSDUH/2k12State/NSDUHsae2012/Index.aspx.
- 13. The West has 13 states: AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, and WY. The South has 16 states plus the District of Columbia: AL, AR, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV. The Northeast has 9 states: CT, MA, ME, NH, NJ, NY, PA, RI, and VT. The Midwest has 12 states: IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, and WI.
- 14. Substance use and mental health officials from each of the 50 states and the District of Columbia typically define these substate areas to correspond to areas reported in their applications for the Substance Abuse Prevention and Treatment Block Grant (SABG) administered by SAMHSA. The SABG program provides financial and technical assistance to the 50 states, the District of Columbia, and other jurisdictions to support substance abuse prevention and treatment programs and to promote public health. States use NSDUH substate estimates for a variety of purposes, including strategic planning and program development, production of epidemiological profiles for briefing state legislatures and informing the public, allocation of funds to areas based on the need for services, and other uses.

- 15. The seven categories were not selected to represent statistical differences across categories or to correspond to proximity to a target public health threshold for a particular measure. For example, the division of substate regions into seven categories does not indicate that substate regions in the same category are statistically similar to each other. Furthermore, the size of the intervals (i.e., the difference between the upper and lower limits of each category) that define the map boundaries is not necessarily uniform across each category. The substate areas are uniquely defined based on the needs of each state and may not be demographically or geographically comparable to substate areas in other states.
- 16. When comparing two substate region percentages, the method of overlapping confidence intervals is more conservative (i.e., it rejects the null hypothesis of no difference less often) than the standard method based on Z statistics when the null hypothesis is true. Even if confidence intervals for two substate regions overlap, the two estimates may be declared significantly different by the test based on Z statistics. Hence, the method of overlapping confidence intervals is not recommended to test the difference of two substate region estimates. As percentages are standardized, they do not inform a reader when two states or substates have the same percentage but different population sizes.

SUGGESTED CITATION

Lipari, R.N., Van Horn, S.L., Hughes, A. and Williams, M. State and substate estimates of nonmedical use of prescription pain relievers from the 2012–2014 National Surveys on Drug Use and Health. The CBHSQ Report: July 13, 2017. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD.

Table S1. Nonmedical use of prescription pain relievers in the past year among people aged 12 or older, by substate region: percentages, annual averages based on combined 2012 to 2014 NSDUHs

State	Substate region	Small area estimate	95% CI (lower)	95% CI (upper)	Substate are group
Total United States	Total United States	4.31%	4.17%	4.45%	
Vortheast	Northeast	3.82%	3.57%	4.10%	
Midwest	Midwest	4.21%	4.00%	4.43%	
South	South	4.30%	4.09%	4.51%	
West	West	4.78%	4.48%	5.10%	
A I - I	Aleksans	F 040/	4.400/	0.040/	
Alabama	Alabama	5.24%	4.40%	6.24%	-
Alabama	Region 1	4.88%	3.77%	6.29%	5
Alabama	Region 2	5.62%	4.48%	7.03%	7
Alabama	Region 3	5.12%	3.99%	6.56%	6
Alabama	Region 4	5.27%	4.13%	6.72%	6
Alaska	Alaska	4.72%	3.95%	5.64%	
Alaska	Anchorage	5.02%	4.02%	6.24%	6
Alaska	Northern	4.61%	3.59%	5.90%	5
Alaska	South Central	4.58%	3.55%	5.89%	4
Alaska	Southeast	4.15%	3.10%	5.53%	4
Arizona	Arizona	5.18%	4.29%	6.24%	
Arizona	Maricopa	5.37%	4.35%	6.62%	7
Arizona	Pima	5.09%	3.86%	6.69%	6
Arizona	Rural North	4.87%	3.59%	6.56%	5
Arizona	Rural South	4.67%	3.49%	6.22%	5
Arkansas	Arkansas	5.21%	4.37%	6.20%	
Arkansas	Catchment Area 1	5.06%	3.94%	6.47%	6
Arkansas	Catchment Area 2	4.83%	3.71%	6.28%	5
Arkansas	Catchment Area 3	5.64%	4.36%	7.28%	7
Arkansas	Catchment Area 4	5.25%	4.00%	6.85%	6
Arkansas Arkansas	Catchment Area 5	5.56%	4.34%	7.11%	7
Arkansas Arkansas	Catchment Area 6	5.18%	3.93%	6.79%	6
Arkansas Arkansas	Catchment Area 7	5.05%	3.80%	6.67%	6
Arkansas Arkansas	Catchment Area 8	5.08%	3.93%	6.54%	6
California	California	4.76%	4.30%	5.26%	
California	Region 1R	5.26%	4.14%	6.66%	6
California	Region 2R	5.23%	4.15%	6.59%	6
California	Region 3R (Sacramento)	4.78%	3.83%	5.96%	5
California	Region 4R	4.66%	3.70%	5.84%	5
California	Region 5R (San Francisco)	4.76%	3.63%	6.20%	5
California California	Region 6 (Santa Clara)	4.76%	3.43%	5.53%	4
California California	,	4.54%	3.43%	5.78%	4
	Region 7R (Contra Costa) Region 8R (Alameda)				4
California	3 ()	4.56%	3.58%	5.81%	4
California	Region 9R (San Mateo)	4.28%	3.29%	5.55%	4
California	Region 10	4.93%	3.88%	6.23%	5
California	LA SPA 1 and 5	4.92%	3.88%	6.23%	5
California	LA SPA 2	4.76%	3.79%	5.96%	5
California	LA SPA 3	4.23%	3.32%	5.37%	4
California	LA SPA 4	4.81%	3.77%	6.12%	5
California	LA SPA 6	5.49%	4.32%	6.95%	7
California	LA SPA 7	4.76%	3.75%	6.03%	5
California	LA SPA 8	4.49%	3.54%	5.68%	4
California	Region 12R	4.67%	3.68%	5.92%	5
California	Regions 13 and 19R	4.84%	3.92%	5.96%	5
California	Region 14 (Orange)	4.38%	3.52%	5.43%	4
California	Region 15R (Fresno)	5.11%	4.08%	6.40%	6
California	Region 16R (San Diego)	4.93%	4.00%	6.06%	5
California	Region 17R	4.88%	3.90%	6.09%	5
California	Region 18R (San Bernardino)	4.80%	3.86%	5.97%	5
California	Region 20R	5.08%	4.00%	6.42%	6
	Region 21R	5.19%	4.10%	6.55%	6

Table S1 - continued. Nonmedical use of prescription pain relievers in the past year among people aged 12 or older, by substate region: percentages, annual averages based on combined 2012 to 2014 NSDUHs

State	Substate region	Small area estimate	95% CI (lower)	95% CI (upper)	Substate are group
Colorado	Colorado	5.03%	4.18%	6.05%	
Colorado	Region 1	5.89%	4.49%	7.70%	7
Colorado	Regions 2 and 7	4.99%	3.98%	6.23%	5
Colorado	Region 3	4.73%	3.61%	6.17%	5
Colorado	Region 4	4.58%	3.43%	6.08%	4
Colorado	Regions 5 and 6	4.84%	3.67%	6.37%	5
					3
Connecticut	Connecticut	3.55%	2.90%	4.35%	_
Connecticut	Eastern	3.93%	3.00%	5.14%	3
Connecticut	North Central	3.79%	2.89%	4.96%	3
Connecticut	Northwestern	3.26%	2.44%	4.35%	1
Connecticut	South Central	3.44%	2.59%	4.55%	2
Connecticut	Southwest	3.36%	2.52%	4.45%	2
Delaware	Delaware	4.70%	3.92%	5.63%	
Delaware	Kent	4.77%	3.71%	6.12%	5
Delaware	New Castle (excluding Wilmington City)	4.85%	3.90%	6.02%	5
Delaware	Sussex	4.30%	3.25%	5.66%	4
Delaware	Wilmington City	4.73%	3.51%	6.35%	5
District of Columbia	District of Columbia	4.13%	3.41%	4.99%	
District of Columbia	Ward 1	4.62%	3.44%	6.18%	5
District of Columbia	Ward 2	5.06%	3.80%	6.69%	6
District of Columbia	Ward 3	4.05%	3.03%	5.39%	4
District of Columbia	Ward 4	3.45%	2.55%	4.65%	2
District of Columbia	Ward 5	4.06%			4
			3.06%	5.36%	
District of Columbia	Ward 6	4.10%	3.05%	5.50%	4
District of Columbia	Ward 7	3.67%	2.73%	4.91%	3
District of Columbia	Ward 8	3.90%	2.97%	5.11%	3
Florida	Florida	3.47%	3.07%	3.92%	
Florida	Broward (Circuit 17)	3.42%	2.73%	4.29%	2
Florida	Circuit 9	3.71%	3.01%	4.57%	3
Florida	Circuit 18	3.47%	2.75%	4.36%	2
Florida	Circuit 6	3.37%	2.60%	4.35%	2
Florida	Circuit 10	3.55%	2.75%	4.56%	3
Florida	Circuit 12	3.06%	2.33%	4.02%	1
Florida	Circuit 13 (Hillsborough)	3.67%	2.90%	4.63%	3
Florida	Circuit 20	3.50%	2.68%	4.56%	2
Florida	Circuit 4	3.62%	2.87%	4.57%	3
Florida	Circuit 5	3.19%	2.46%	4.12%	1
Florida					2
	Circuit 7	3.50%	2.74%	4.45%	
Florida	Circuit 8 plus Columbia, Dixie, Hamilton, Lafayette, and Suwannee	4.55%	3.56%	5.79%	4
Florida	Circuit 1	4.01%	3.12%	5.14%	3
Florida	Circuit 2 plus Madison and Taylor	4.42%	3.49%	5.59%	4
Florida	Circuit 14	3.96%	3.03%	5.16%	3
Florida	South (Circuits 11 and 16)	2.95%	2.31%	3.76%	1
Florida	Circuit 15 (Palm Beach)	3.41%	2.67%	4.34%	2
Florida	Circuit 19	3.38%	2.63%	4.34%	2
Georgia	Georgia	4.47%	3.74%	5.34%	
Georgia	Region 1	4.49%	3.52%	5.70%	4
Georgia	Region 2	4.96%	3.85%	6.37%	5
Georgia	Region 3	4.18%	3.25%	5.37%	4
Georgia	Region 4	4.59%	3.51%	5.98%	4
Georgia	Region 5	4.77%	3.62%	6.27%	5
Georgia	Region 6	4.30%	3.30%	5.58%	4
Hawaii	Hawaii	4.64%	3.81%	5.65%	
nawaii Hawaii	Hawaii Island	4. 04% 4.37%	3.19%	5.96%	4
Hawaii	Honolulu	4.73%	3.81%	5.86%	5
Hawaii	Kauai	4.26%	3.08%	5.85%	4
Hawaii	Maui	4.57%	3.34%	6.21%	4

Table S1 - continued. Nonmedical use of prescription pain relievers in the past year among people aged 12 or older, by substate region: percentages, annual averages based on combined 2012 to 2014 NSDUHs

State	Substate region	Small area estimate	95% CI (lower)	95% CI (upper)	Substate ar group
daho	Idaho	4.29%	3.60%	5.10%	
daho	Region 1	3.88%	2.97%	5.06%	3
laho	Region 2	4.26%	3.23%	5.60%	4
laho	Region 3	4.05%	3.14%	5.20%	4
daho	Region 4	4.72%	3.73%	5.95%	5
daho	Region 5	3.98%	3.01%	5.23%	3
daho	Region 6	4.56%	3.49%	5.94%	4
daho	Region 7	4.21%	3.24%	5.46%	4
linois	Illinois	3.59%	3.19%	4.03%	
linois	Region I (Cook)	3.47%	2.92%	4.12%	2
inois	Region II	3.57%	2.98%	4.26%	3
inois	Region III	3.96%	3.23%	4.85%	3
linois	Region IV	3.56%	2.81%	4.50%	3
linois	Region V	3.74%	3.02%	4.63%	3
	· ·				
ndiana	Indiana	4.98%	4.20%	5.90%	
ıdiana	Central	5.08%	3.97%	6.48%	6
ıdiana	East	5.14%	3.98%	6.64%	6
ıdiana	North Central	4.70%	3.63%	6.06%	5
ıdiana	Northeast	4.87%	3.75%	6.31%	5
ıdiana	Northwest	4.93%	3.80%	6.38%	5
ıdiana	Southeast	4.91%	3.80%	6.33%	5
ıdiana	Southwest	4.62%	3.52%	6.05%	5
idiana idiana	West	5.46%	4.27%	6.96%	7
					•
owa	lowa	3.76%	3.10%	4.55%	
wa	Central	3.61%	2.76%	4.72%	3
wa	North Central	3.98%	3.00%	5.26%	3
wa	Northeast	3.83%	2.95%	4.95%	3
wa	Northwest	3.65%	2.74%	4.85%	3
owa	Southeast	3.88%	2.99%	5.02%	3
owa	Southwest	3.50%	2.61%	4.68%	2
ansas	Kansas	4.03%	3.33%	4.88%	
ansas	Kansas City Metro	4.06%	3.15%	5.21%	4
ansas	Northeast	4.09%	3.13%	5.33%	4
ansas	South Central	3.91%	2.96%	5.14%	3
ansas	Southeast	4.25%	3.16%	5.68%	4
ansas	West	3.85%	2.91%	5.08%	3
ansas	Wichita (Sedgwick)	4.02%	3.07%	5.23%	4
entucky	Kentucky	4.31%	3.58%	5.19%	
entucky	Adanta, Cumberland River, and Lifeskills	4.11%	3.13%	5.38%	4
entucky	Bluegrass, Comprehend, and North Key	4.53%	3.52%	5.81%	4
entucky	Communicare and River Valley	4.15%	3.18%	5.40%	4
entucky	Four Rivers and Pennyroyal	4.07%	3.07%	5.37%	4
entucky	Kentucky River, Mountain, and Pathways	4.15%	3.14%	5.48%	4
entucky	Seven Counties	4.43%	3.38%	5.79%	4
•					7
ouisiana	Louisiana	4.79%	4.03%	5.68%	_
ouisiana	Region 1	4.63%	3.50%	6.09%	5
ouisiana	Region 10 (Jefferson)	4.60%	3.42%	6.15%	5
ouisiana	Regions 2 and 9	5.30%	4.17%	6.71%	7
ouisiana	Region 3	4.70%	3.59%	6.13%	5
ouisiana	Regions 4, 5, and 6	4.59%	3.56%	5.91%	4
ouisiana	Regions 7 and 8	4.56%	3.57%	5.81%	4
laine	Maine	3.59%	2.94%	4.36%	
laine laine	Maine Aroostook	3.35%	2.94% 2.48%	4.36% 4.50%	2
laine	Downeast	3.46%	2.53%	4.72%	2
laine	Central	3.63%	2.73%	4.82%	3
laine	Cumberland	3.55%	2.68%	4.68%	3
laine	Midcoast	3.18%	2.36%	4.25%	1
laine	Penquis	3.83%	2.91%	5.01%	3
laine	Western	3.87%	2.91%	5.14%	3
laine	York	3.55%	2.65%	4.75%	3

Table S1 - continued. Nonmedical use of prescription pain relievers in the past year among people aged 12 or older, by substate region: percentages, annual averages based on combined 2012 to 2014 NSDUHs

State	Substate region	Small area estimate	95% CI (lower)	95% CI (upper)	Substate are group
Maryland	Maryland	4.07%	3.33%	4.97%	
Maryland	Anne Arundel	4.14%	3.09%	5.52%	4
Varyland	Baltimore City	4.60%	3.42%	6.16%	5
Maryland	Baltimore County	4.26%	3.20%	5.64%	4
Viaryland Viaryland	Montgomery	3.70%	2.75%	4.96%	3
Maryland	North Central	3.75%	2.79%	5.02%	3
Maryland	Northeast	4.18%	3.13%	5.57%	4
Vlaryland	Prince George's	3.96%	2.94%	5.32%	3
<i>N</i> aryland	South	4.12%	3.07%	5.51%	4
Vlaryland	West	4.12%	3.08%	5.50%	4
Vlassachusetts	Massachusetts	3.49%	2.86%	4.27%	
/lassachusetts	Boston	4.15%	3.13%	5.49%	4
Massachusetts	Central	3.67%	2.75%	4.88%	3
Massachusetts	Metrowest	3.26%	2.45%	4.32%	1
Massachusetts	Northeast	3.29%	2.49%	4.34%	1
Vlassachusetts	Southeast	3.40%	2.56%	4.48%	2
Massachusetts	Western	3.55%	2.56%	4.40%	3
					3
/lichigan	Michigan	4.36%	3.91%	4.85%	
Vlichigan	Region 1	3.96%	3.13%	4.99%	3
Vlichigan	Region 2	3.68%	2.85%	4.73%	3
Michigan	Region 3	4.34%	3.57%	5.27%	4
Michigan	Region 4	4.41%	3.61%	5.37%	4
Michigan	Region 5	4.74%	3.95%	5.68%	5
Michigan	•	4.12%	3.34%	5.08%	4
•	Region 6				
Michigan	Region 7	4.37%	3.58%	5.32%	4
Michigan	Region 8	4.07%	3.30%	5.01%	4
Michigan	Region 9	4.40%	3.56%	5.44%	4
Michigan	Region 10	4.76%	3.84%	5.89%	5
Minnesota	Minnesota	3.41%	2.78%	4.17%	
Minnesota	Regions 1 and 2	3.47%	2.57%	4.68%	2
Minnesota	Regions 3 and 4	3.50%	2.67%	4.56%	2
Minnesota	Regions 5 and 6	3.43%	2.58%	4.54%	2
Minnesota	Region 7A (Hennepin)	3.19%	2.41%	4.23%	1
Minnesota	Region 7B (Ramsey)	3.69%	2.73%	4.96%	3
					2
Minnesota	Region 7C	3.37%	2.59%	4.39%	2
Mississippi	Mississippi	4.76%	3.99%	5.66%	
Mississippi	Region 1	5.22%	4.07%	6.67%	6
Mississippi	Region 2	4.73%	3.63%	6.14%	5
Vississippi	Region 3	4.58%	3.57%	5.87%	4
	Region 4	4.48%	3.45%	5.80%	4
Mississippi Mississippi					
Mississippi	Region 5	4.54%	3.43%	5.99%	4
Mississippi	Region 6	4.75%	3.69%	6.09%	5
Mississippi	Region 7	4.67%	3.57%	6.09%	5
Vlissouri	Missouri	4.21%	3.50%	5.05%	
Viissouri	Central	4.51%	3.49%	5.80%	4
Missouri	Eastern (St. Louis City and County)	3.92%	3.01%	5.09%	3
Missouri	Eastern (excluding St. Louis)	4.26%	3.26%	5.55%	4
Viissouri Viissouri	Northwest (Jackson)	4.02%	3.00%	5.35%	4
	,				
Missouri	Northwest (excluding Jackson)	4.25%	3.22%	5.58%	4
Vlissouri	Southeast	4.32%	3.28%	5.68%	4
Vlissouri	Southwest	4.32%	3.33%	5.58%	4
Montana	Montana	3.46%	2.81%	4.25%	
Montana	Region 1	3.17%	2.30%	4.36%	1
Montana	Region 2	3.46%	2.60%	4.58%	2
Montana	Region 3	3.29%	2.48%	4.34%	1
Montana	Region 4	3.64%	2.46%	4.34%	3
Montana Montana	Region 5	3.50%	2.70%	4.74%	3 2

Table S1 - continued. Nonmedical use of prescription pain relievers in the past year among people aged 12 or older, by substate region: percentages, annual averages based on combined 2012 to 2014 NSDUHs

State	Substate region	Small area estimate	95% CI (lower)	95% CI (upper)	Substate are group
Nebraska	Nebraska	3.61%	2.97%	4.38%	
Nebraska	Region 1	3.48%	2.57%	4.70%	2
lebraska	Region 2	3.69%	2.69%	5.02%	3
Nebraska	Region 3	3.46%	2.64%	4.54%	2
Nebraska	Region 4	3.47%	2.59%	4.65%	2
Nebraska	Region 5	3.73%	2.90%	4.78%	3
Nebraska	Region 6	3.62%	2.83%	4.62%	3
Nevada	Nevada	5.20%	4.26%	6.33%	
Nevada	Clark - Region 1	5.37%	4.29%	6.70%	7
Nevada	Capital District	4.56%	3.35%	6.19%	4
Nevada	Rural/Frontier	4.84%	3.57%	6.52%	5
Nevada	Washoe - Region 2	4.83%	3.71%	6.26%	5
New Hampshire	New Hampshire	4.32%	3.62%	5.14%	
New Hampshire	Central	4.44%	3.60%	5.47%	4
•	Northern	4.44%	3.14%	5.37%	4
New Hampshire New Hampshire	Southern	4.11%	3.51%	5.25%	4
•					4
New Jersey	New Jersey	3.92%	3.23%	4.75%	
New Jersey	Central	4.05%	3.10%	5.29%	4
New Jersey	Metropolitan	3.58%	2.73%	4.69%	3
New Jersey	Northern	4.00%	3.08%	5.18%	3
New Jersey	Southern	4.02%	3.11%	5.19%	4
New Mexico	New Mexico	4.84%	3.98%	5.87%	
New Mexico	Region 1	4.44%	3.39%	5.81%	4
New Mexico	Region 2	4.37%	3.23%	5.89%	4
New Mexico	Region 3 (Bernalillo)	5.07%	3.91%	6.54%	6
New Mexico	Region 4	4.99%	3.83%	6.49%	5
New Mexico	Region 5	5.12%	3.92%	6.66%	6
New York	New York	3.87%	3.41%	4.38%	
New York	Region A	3.83%	3.27%	4.49%	3
New York	Region B	3.72%	3.15%	4.38%	3
New York	Region C	4.02%	3.49%	4.61%	4
New York	Region D	4.10%	3.44%	4.87%	4
North Carolina	North Carolina	4.57%	3.81%	5.48%	
	Alliance Behavioral Healthcare 1				F
North Carolina		4.61%	3.51%	6.02%	5
North Carolina	Alliance Behavioral Healthcare 2	4.14%	3.11%	5.49%	4
North Carolina	Cardinal Innovations Healthcare Solutions 1	4.35%	3.25%	5.80%	4
North Carolina	Cardinal Innovations Healthcare Solutions 2	4.55%	3.41%	6.06%	4
North Carolina	Cardinal Innovations Healthcare Solutions 3	4.55%	3.45%	5.99%	4
North Carolina	CenterPoint Human Services	4.40%	3.31%	5.84%	4
North Carolina	Eastpointe	4.42%	3.31%	5.88%	4
North Carolina	Partners Behavioral Health Management	5.06%	3.83%	6.66%	6
North Carolina	Sandhills Center 1	4.32%	3.20%	5.81%	4
North Carolina	Sandhills Center 2	4.70%	3.53%	6.24%	5
North Carolina	Smoky Mountain Center 1	4.43%	3.26%	6.00%	4
North Carolina	Smoky Mountain Center 2	4.86%	3.59%	6.56%	5
North Carolina	Trillium Healthcare Resources 1	4.66%	3.48%	6.21%	5
North Carolina	Trillium Healthcare Resources 2	4.99%	3.78%	6.56%	5
North Dakota	North Dakota	3.69%	3.05%	4.48%	
North Dakota	Badlands and West Central	3.54%	2.68%	4.65%	3
North Dakota	Lake Region	3.00%	2.21%	4.07%	1
North Dakota	North Central	3.80%	2.86%	5.03%	3
North Dakota	Northeast	4.21%	3.25%	5.43%	4
North Dakota	Northwest	3.66%	2.70%	4.93%	3
North Dakota	South Central	3.51%	2.59%	4.75%	3
North Dakota	Southeast	3.76%	2.92%	4.82%	3
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Table S1 - continued. Nonmedical use of prescription pain relievers in the past year among people aged 12 or older, by substate region: percentages, annual averages based on combined 2012 to 2014 NSDUHs

State	Substate region	Small area estimate	95% CI (lower)	95% CI (upper)	Substate are group
Ohio	Ohio	4.98%	4.46%	5.55%	
Ohio	Boards 2, 46, 55, and 68	4.87%	3.80%	6.22%	5
Ohio	Boards 3, 52, and 85	4.98%	3.91%	6.31%	5
Ohio	Boards 4 and 78	5.27%	4.07%	6.80%	6
					7
Ohio	Boards 5 and 60	5.80%	4.57%	7.33%	
)hio	Boards 7, 15, 41, 79, and 84	4.98%	3.93%	6.29%	5
Ohio	Boards 8, 13, and 83	4.73%	3.71%	6.00%	5
)hio	Board 9 (Butler)	5.15%	4.03%	6.58%	6
)hio	Board 12	5.07%	3.98%	6.44%	6
)hio	Boards 18 and 47	4.60%	3.76%	5.62%	5
)hio	Boards 20, 32, 54, and 69	4.39%	3.41%	5.65%	4
)hio	Boards 21, 39, 51, 70, and 80	4.93%	3.90%	6.21%	5
Ohio	Boards 22, 74, and 87	4.76%	3.75%	6.04%	5
)hio	Boards 23 and 45	4.62%	3.63%	5.86%	5
)hio	Board 25 (Franklin)	5.58%	4.54%	6.85%	7
)hio	Boards 27, 71, and 73	5.41%	4.23%	6.90%	7
)hio	Boards 28, 43, and 67	5.02%	3.96%	6.36%	6
)hio	Board 31 (Hamilton)	4.76%	3.80%	5.95%	5
)hio	Board 48 (Lucas)	5.15%	4.05%	6.53%	6
	Boards 50 and 76	4.83%	3.81%	6.10%	5
)hio					
Ohio	Board 57 (Montgomery)	5.10%	4.03%	6.43%	6
)hio	Board 77 (Summit)	4.82%	3.79%	6.10%	5
Oklahoma	Oklahoma	5.31%	4.43%	6.35%	
					7
Oklahoma	Central	5.65%	4.32%	7.35%	7
)klahoma	East Central	4.88%	3.69%	6.42%	5
)klahoma	Northeast	4.96%	3.78%	6.49%	5
Oklahoma	Northwest and Southwest	5.76%	4.40%	7.50%	7
)klahoma	Oklahoma County	5.18%	4.02%	6.65%	6
)klahoma	Southeast	5.11%	3.91%	6.67%	6
Oklahoma	Tulsa County	5.55%	4.28%	7.16%	7
Manoma	Tulou Sourity	0.0070	4.2070	7.1070	,
Dregon	Oregon	5.10%	4.26%	6.10%	
Dregon	Region 1 (Multnomah)	5.53%	4.25%	7.17%	7
Dregon	Region 2	4.83%	3.75%	6.22%	5
)regon	Region 3	5.18%	4.10%	6.54%	6
•	•				
Oregon -	Region 4	5.01%	3.81%	6.57%	6
)regon	Region 5 (Central)	4.90%	3.69%	6.47%	5
)regon	Region 6 (Eastern)	4.76%	3.54%	6.37%	5
lannauluania	Dannoulvania	2.079/	3.46%	4 220/	
Pennsylvania	Pennsylvania	3.87%		4.33%	
Pennsylvania	Region 1 (Allegheny)	4.21%	3.38%	5.23%	4
ennsylvania	Regions 3, 8, 9, and 51	4.08%	3.24%	5.12%	4
ennsylvania	Regions 4, 11, 37, and 49	3.77%	3.02%	4.71%	3
ennsylvania	Regions 5, 18, 23, 24, and 46	3.42%	2.71%	4.31%	2
ennsylvania	Regions 6, 12, 16, 31, 35, 45, and 47	3.91%	3.11%	4.91%	3
ennsylvania	Regions 7, 13, 20, and 33	3.66%	3.02%	4.44%	3
•					
ennsylvania	Regions 10, 15, 27, 32, 43, and 44	3.47%	2.71%	4.44%	2
ennsylvania	Regions 17 and 21	4.01%	3.19%	5.04%	3
ennsylvania	Regions 19, 26, 28, and 42	3.61%	2.91%	4.47%	3
Pennsylvania	Regions 22, 38, 40, 41, and 48	3.46%	2.73%	4.36%	2
Pennsylvania	Regions 29 and 34	4.06%	3.21%	5.12%	4
Pennsylvania	Regions 30 and 50	3.96%	3.13%	5.00%	3
ennsylvania	Region 36 (Philadelphia)	4.57%	3.72%	5.61%	4
o.moyivama	nogion oo (i middolpina)	4.07 /0	5.12/0	0.0170	4
hode Island	Rhode Island	4.57%	3.78%	5.52%	
Rhode Island	Bristol and Newport	4.34%	3.26%	5.76%	4
thode Island	Kent	4.06%	3.06%	5.37%	4
thode Island	Providence	4.78%	3.84%	5.93%	5
Rhode Island	Washington	4.45%	3.37%	5.85%	4
South Carolina	South Carolina	4.35%	3.63%	5.19%	
					4
South Carolina	Region 1	4.31%	3.39%	5.46%	4
outh Carolina	Region 2	4.46%	3.51%	5.64%	4
South Carolina	Region 3	4.19%	3.23%	5.43%	4
South Carolina	Region 4	4.40%	3.45%	5.59%	4
Journ Jaronna					

Table S1 - continued. Nonmedical use of prescription pain relievers in the past year among people aged 12 or older, by substate region: percentages, annual averages based on combined 2012 to 2014 NSDUHs

State	Substate region	Small area estimate	95% CI (lower)	95% CI (upper)	Substate are group
South Dakota	South Dakota	3.50%	2.88%	4.24%	
South Dakota	Region 1	3.26%	2.50%	4.24%	1
outh Dakota	Region 2	3.30%	2.46%	4.41%	1
outh Dakota	Region 3	3.55%	2.73%	4.60%	3
South Dakota	Region 4	3.73%	2.86%	4.84%	3
South Dakota	Region 5	3.60%	2.78%	4.66%	3
Tennessee	Tennessee	4.18%	3.50%	4.99%	
Tennessee	Region 1	4.19%	3.13%	5.59%	4
Tennessee	Region 2	4.23%	3.24%	5.49%	4
Tennessee	Region 3	3.97%	3.07%	5.11%	3
Tennessee	Region 4 (Davidson)	4.38%	3.35%	5.71%	4
Tennessee	- , , , , , , , , , , , , , , , , , , ,	4.26%	3.32%	5.45%	4
	Region 5				
Tennessee	Region 6	4.01%	3.04%	5.28%	3 4
Tennessee	Region 7 (Shelby)	4.19%	3.21%	5.47%	4
Texas	Texas	4.19%	3.77%	4.64%	
Texas	Region 1	4.50%	3.61%	5.60%	4
exas	Region 2	4.39%	3.44%	5.60%	4
exas	Region 3	4.10%	3.53%	4.75%	4
Texas	Region 4	4.07%	3.25%	5.09%	4
Texas	Region 5	4.17%	3.28%	5.29%	4
Texas	Region 6	3.92%	3.30%	4.65%	3
Texas	Region 7	4.65%	3.90%	5.52%	5
Texas	Region 8	4.52%	3.66%	5.55%	4
Texas	Region 9	4.39%	3.46%	5.56%	4
Texas	Region 10	4.10%	3.24%	5.17%	4
exas	Region 11	4.02%	3.33%	4.84%	4
Jtah	Utah	4.06%	3.39%	4.85%	
Jtah	Bear River, Northeastern, Summit, Tooele, and Wasatch	3.91%	2.97%	5.14%	3
Utah	Central, Four Corners, San Juan, and Southwest	4.02%	3.06%	5.26%	4
Utah	Davis County	4.03%	3.09%	5.24%	4
Jtah	Salt Lake County	3.88%	3.08%	4.89%	3
Jtah	Utah County	4.38%	3.43%	5.59%	4
Jtah	Weber, Morgan	4.43%	3.32%	5.89%	4
/ermont	Vermont	3.49%	2.87%	4.23%	
/ermont	Champlain Valley	3.66%	2.88%	4.63%	3
	•				
/ermont	Rural Northeast	3.39%	2.58%	4.43%	2
/ermont /ermont	Rural Southeast Rural Southwest	3.32% 3.41%	2.49% 2.58%	4.42% 4.50%	1 2
					2
/irginia	Virginia	4.61%	3.88%	5.48%	
/irginia	Region 1	5.08%	3.94%	6.53%	6
/irginia	Region 2	4.27%	3.30%	5.49%	4
/irginia	Region 3	4.47%	3.46%	5.76%	4
/irginia	Region 4	4.97%	3.82%	6.46%	5
/irginia	Region 5	4.56%	3.55%	5.84%	4
Vashington	Washington	4.68%	3.93%	5.57%	
Washington	Region 1	4.57%	3.65%	5.72%	4
Washington	Region 2	4.75%	3.86%	5.84%	5
Washington	Region 3	4.66%	3.81%	5.70%	5
Vest Virginia	West Virginia	3.89%	3.24%	4.67%	
Vest Virginia	Region I	3.70%	2.75%	4.95%	3
West Virginia	Region II	3.95%	3.00%	5.20%	3
West Virginia	Region III	3.82%	2.86%	5.08%	3
West Virginia West Virginia	Region IV	4.26%	3.34%	5.42%	4
West Virginia West Virginia	Region V	3.72%	2.90%	4.75%	3
West Virginia West Virginia	Region VI	3.81%	2.90%	4.75%	3
vool virgiiid	nogion vi	J.0170	2.3170	4.5070	3

Table S1 - continued. Nonmedical use of prescription pain relievers in the past year among people aged 12 or older, by substate region: percentages, annual averages based on combined 2012 to 2014 NSDUHs

State	Substate region	Small area estimate	95% CI (lower)	95% CI (upper)	Substate area group
Wisconsin	Wisconsin	4.38%	3.63%	5.27%	
Wisconsin	Milwaukee	5.02%	3.80%	6.60%	6
Wisconsin	Northeastern	4.08%	3.11%	5.32%	4
Wisconsin	Northern	4.06%	2.99%	5.49%	4
Wisconsin	Southeastern	4.35%	3.29%	5.74%	4
Wisconsin	Southern	4.30%	3.28%	5.61%	4
Wisconsin	Western	4.44%	3.45%	5.69%	4
Wyoming	Wyoming	3.58%	2.93%	4.36%	
Wyoming	Judicial District 1 (Laramie)	3.33%	2.51%	4.39%	1
Wyoming	Judicial District 2	4.52%	3.44%	5.93%	4
Wyoming	Judicial District 3	3.38%	2.56%	4.47%	2
Wyoming	Judicial District 4	3.39%	2.48%	4.61%	2
Wyoming	Judicial District 5	3.26%	2.40%	4.42%	1
Wyoming	Judicial District 6	3.73%	2.80%	4.95%	3
Wyoming	Judicial District 7 (Natrona)	3.87%	2.92%	5.12%	3
Wyoming	Judicial District 8	3.37%	2.50%	4.54%	2
Wyoming	Judicial District 9	3.42%	2.53%	4.61%	2

SUMMARY

Background: Nonmedical use of prescription pain relievers is second only to marijuana use as the nation's most prevalent illicit drug problem and is a public health concern, with approximately over 26 million people initiating nonmedical use of prescription pain relievers since 2002. Data on geographic variation in the nonmedical use of prescription pain relievers (and other drugs) are important for developing targeted prevention and treatment programs. **Method:** Combined 2012-2014 National Survey on Drug Use and Health national, regional, state-level, and substate-level estimates of nonmedical use of prescription pain relievers among people aged 12 or older were analyzed. **Results:** Nationally, 11.3 million people aged 12 or older used prescription pain relievers nonmedically in the past year, corresponding to 4.31 percent of the adult population. Across the census regions, estimates of past year nonmedical use of prescription pain relievers were 4.78 percent in the West, 4.30 percent in the South, 4.21 percent in the Midwest, and 3.82 percent in the Northeast. Among states, estimates of past year nonmedical use of prescription pain relievers ranged from 3.41 percent in Minnesota to 5.31 percent in Oklahoma. Among the substate regions, estimates of past year nonmedical use of prescription pain relievers ranged from 5.89 percent in Colorado's Region 1 to 2.95 percent in Florida's Southern region (Circuits 11 and 16). Comparisons of combined 2010-2012 data with combined 2012-2014 data showed that past year nonmedical use of prescription pain relievers among people aged 12 or older decreased at the national level, within 3 census regions (Northeast, Midwest, and West), and in 13 states. **Conclusion:** Highlighting the percentage of people who use prescription pain relievers nonmedically at state and substate levels can help policymakers inform their assessments of substance abuse needs in their communities.

Keywords: Prescription pain relievers, National Survey on Drug Use and Health, NSDUH, state, substate

AUTHOR INFORMATION

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KEYWORDS

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, Short Report, Population Data, 2010, 2011, 2012, 2013, 2014, Researchers, Nonmedical Use, Drug Use Trends, Pain Relievers, All US States Only

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by The Substance Abuse and Mental Health Services Administration (SAMHSA). The data used in this report are based on 2012–2014 NSDUH data from approximately 204,000 respondents aged 12 or older. The Survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The NSDUH Report is prepared by The Center for Behavioral Health Statistics and Quality (CBHSQ), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on the most recent NSDUH is available in the following publication:

Center for Behavioral Health Statistics and Quality. (2016). Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health (HHS Publication No. SMA 16-4984, NSDUH Series H-51). Retrieved from http://samhsa.gov/data/.

Also available online: http://www.samhsa.gov/data/population-data-nsduh.

